

**City of Celina**  
**Office of Tax Administrator**  
225 N. Main St. P. O. Box 117  
Celina, OH 45822-0017

Roxann Shaffer  
Tax Administrator

Telephone (419) 586-2594

Jodi Zimmerman  
Account Clerk

Application for Celina Tax Refund

SS# : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

(X) To indicate reason for refund

1. \_\_\_\_ Non-Resident - \_\_\_\_% for time out of taxing jurisdiction. (attach employer letter)
2. \_\_\_\_ Non-Resident - Under age 18 during tax year. Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ (attach DOB proof)
3. \_\_\_\_ Non-Resident – Employer withheld in error. (attach employer letter)
4. \_\_\_\_ Other – Must give full explanation: \_\_\_\_\_

\_\_\_\_\_

The above line item #1 must have a letter from your employer stating the percentage you worked out of Celina as a non-resident. The letter must be on company letterhead and signed by your supervisor or manager.

The above line item #3 must have Supervisor's signature, printed name and phone number completed below.

All refund applications require a copy of the Federal W2 showing the Celina City taxes withheld before any refund can be issued.

Please contact the income tax department at 419-586-2594 if further assistance is required.

Amount of Refund \$ \_\_\_\_\_

\_\_\_\_\_ (Applicants signature)

\_\_\_\_\_  
(Supervisor signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Phone number)